

**WEST BABYLON UFSD
DIRECT DEPOSIT
AUTHORIZATION/CANCELLATION**

Employee Name _____
Social Security # _____
Building _____

I authorize West Babylon Schools to deposit my entire paycheck directly to the bank account named below each payday. This directive will remain in force until I have given the school district written notification that I have terminated it or until the school has notified me that it has terminated this deposit service. I understand I must give the school enough notice to give it reasonable time to act upon my instructions.

PLEASE DEPOSIT MY ENTIRE PAY INTO:

Name of Bank _____
Checking Account # _____ (Please attach a voided check)

OR

Name of Bank _____
Savings Account# _____
Routing # _____ (For savings account only)

Authorization for Recovery of Funds Deposited in Error

By signing this form the employee and joint tenant, if any, each consent to allow the West Babylon UFSD through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account in error. This means of recovery shall not prevent the district from utilizing any other lawful means to remove salary payments to which the employee is not entitled. This authorization is to remain in effect until the district has received written notice from me of its termination in such time and manner as to afford West Babylon UFSD and the bank a reasonable opportunity to act upon it.

Employee Signature _____
Date _____

***Please note: There will be two trial runs
before direct deposit can take effect.***

PLEASE STOP MY DIRECT DEPOSIT TO:

Name _____
Bank Name _____
Signature _____
Date _____